CLASS II INJECTION WELL DATA FORM OSAGE COUNTY, OKLAHOMA

Date: -1(p-	90 By: <u>UP</u> F	Permit #06S126	ABR	Form # 241	9	
Well Location (b)(9)	(b) (9)					
Legal Owner:	Name_KWB	Oil Propos	ty Max	nt, Inc		
PRB 90	City Oul	E. 54h St	State()		103	
Operator:	Name					
	City		State	F		
.,		DATABASE UPDATE			JAN 1 8 1990 EHA GW-S -REGION VI	
New Info. Lis		<u>Delete</u>			s Change ON VI	
Owner	7.5.	Gas Well		TA		
Operator		Oil Well		Dual Comp.		
Address	-	Plugged		Active		
Phone #	_	Water Input		Inactive _		
Legal	_	Duplicate of	·	Other		
Feet Line	=	Cancelled				
Well #Remarks:						
Enclosures:	1. BIA 208 2. BIA 139 3. Letter 4. Schematic					
	5. Verification Form 6. Inspection Rpt7. BIA Memo					
	8. Bond/Assignment 9. Cement Info 10. ROC					
	11. Lease Status Report 12. Permit Trk. Sheet					
Remarks:						

PA/UIC_INSPECTION REPORT

	RECEIVED	Townshamer No.	2,110
Inspection Type reg.		Inventory No	670.1
Inspection Frequency 514145	JAN 1 8 1990	Authorization	
Violation Code	EPA 6W-S	Authorized to Inje	ect
, ,	DECION VI		
Company/Operator + wB		- 1	
Business Address 15 E. 3	5 — .57.	Julsa, OK	74/03
Individual Contacted	Ted Pap	Title	
Lease Name' & Well No.	7	#59	
Legal Description_			
Well Information: SWD/ER,			
Authorized	d Injection: Pre	ssureRate	e
Long Strip	ng Casing Size	696" 53/ Tubing	Size
Report of Conditions as of the	his Date:		
Lease: (Active/Inactive?		ked up for injection	n: Yes/No
Injecting at time of inspec			300 500 500 500 500 500 500 500 500 500
Required fittings on tubing	g and casing/tub:	ng annulus: Yes/No	(Not Applicable)
Injection Pressure	·	How Determined	
Annular Pressure Injection Rate		How Determined	
Well plugged at Surface:			
Samples Taken	Pho Pho	otographs Taken —	<i>-</i> هـ
Description of wellhead ho			
P + A; ourface som	ewhat, large of	ocks cover site	
**************************************			- 120
Weather Conditions and Obs	ervations	or few high thin	northwest
winds at 8 aph, 440	F recent der	t work.	
	*		
3 			-
Inspection Date 01/2/90	Time Agrived	1525 Departed_	1535
Field Inspector Claum	ce Eknowen		
EPA Reviewer		Date	

UNITED STATES

DEPARTMENT OF THE INTERIOR

OSAGE INDIAN AGENCY PAWHUSKA, OKLAHOMA 74056

Date 11-30-89

APPLICATION FOR OPERATION OR REPORT ON WELLS

UIC/EPA

DEC 07 1989 (Amount) (Commencement money paid to whom) (Date) Deage County, Oklahoma. above sea level is 856 ft e elevation of the BEHTSCH IDSOR USE THIS SIDE TO REPORT COMPLETED WORK USE THIS SIDE TO REQUEST AUTHORITY FOR WORK (one copy required) (three copies required) Notice of intention to: Character of well (whether oil, gas or dry) _ D Subsequent report of: D Plus _ D Conversion . Deepen or plug back . Formation treatment . D Convert Altering casing __ 0 Pull or after casing . 0 п Plugging back _ Formation treatment .. Plugging . Details of Work & Results Obtained Detalls of Work Perforated 4 holes @ 1327'. Ran tbg & placed Drilling applications will state proposed TD & Horizons to be 35 sks plug 1362' to 1100'±. Sqzd additional sested. Show size & length of casings to be used. Indicate pro-25 sks into formation thru perfs @ 1327'. Filled posed mudding, cementing & other work. csg w/ gel mud from 1100' to 225'. Pull tbg Plugging applications shall set forth reasons for plugging & up to 225 & perf 4 holes @ 225'. Circ cmt out detailed statement of proposed work. Plugging will not comof 6-5/8". Sqzd & circ around 6-5/8" & 8-1/4" mence until 10 days following approval date unless authority to surface. Total cmt 180 sxs. Cut csg off granted for earlier commencement. 3' below ground level & welded on steel plate. Well production prior to work Restore location. BALL on bbk wt./24 hra 9-12 Work commenced _ . 19_89 9-18 Work completed . (Continue on reverse side if necessary) RECEIVED This block for plugging information only CASING RECORD JAN 1 8 1990 In hole when Amount M parted Lize recovered started Depth How EPA SW-S 69 8-1/4 I understand that this plan of work must receive VI approval in writing of the Osage Indian Agency 6-5/8" 1580 5-3/16 1579-2006 before operations may be commenced. ORIGINAL TOTAL DEPTH KWB Uil Property Mgmt, Inc. Lessee: . Signature: _ Signature Subscribed and sworn to before me Title: _ Dicember Address: . Notary Public Approved: _ 9/16/192 Osage Agency Inspector My commission expires _